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"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: Russell John Koveal et al.
U. S. Serial No.: 10/059,927
Filed: January 29, 2002
For: CATALYST ENHANCEMENT

-) Before the Examiner
) Not Assigned
)
) Group Art Unit 1754
) Confirmation Number 9577

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1754

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

- ☒ The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231, on June 11, 2002.

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$_____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | |
|------------------------------|--|-------|--|-------------------------|-------------|-----|
| (1) | (2) Claims Remaining After Amendment | (3) | (4) Highest Number Previously Paid For | (5) Present Extra | (6) Rate | (7) |
| Total Claims | * | Minus | ** | | x 18.00 | |
| Indep. Claims | * | Minus | *** | | x 84.00 | |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | \$280.00 | |
| FEE FOR CLAIM CHANGES | | | | | | |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Information Disclosure Statement, including claim changes and any extension of time is calculated to be \$ 180.00.

- ☒ Charge \$ 180.00 to Deposit Account No. 05-1330.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

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TC 1790

6/10/02
Date of Signature

Post Office Address: [to which correspondence is to be sent]

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☒ Pursuant to 37 CFR 1.34(a)



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